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**Lancashire and Cumbria Consortium of Local Medical Committees**

**Remote Verification of Death**

**Guidance and FAQ for GPs - August 2025**

**Background/Summary**

Following updated guidance published in 2025 by the Academy of Medical Royal Colleges (AoMRC), the position on remote verification of death (VoD) has changed from temporary pandemic arrangements. There is also 2024 guidance from Hospice UK that relates to this topic.

* AoMRC Code of Practice (Jan 2025): [Click here to view](https://www.aomrc.org.uk/wp-content/uploads/2025/01/Code_of_Practice_Diagnosis_of_Death_010125.pdf)
* Hospice UK RNVoEAD Guidance (June 2025): [Click here to view](https://hospiceuk-files-prod.s3.eu-west-2.amazonaws.com/s3fs-public/2025-06/11.6.25%20RNVoEAD%20Guidance%20Edition%206.2_.pdf)

**LMC Position**

In response to an enquiry on the LMC position, the Consortium Executive Board have discussed this recently and provide the following advice to practices:

* Remote VoD should now be considered exceptional and not standard practice post-pandemic.
* Verification of death is *not* a GP responsibility in most circumstances.
* Anyone can verify death
* Registered nurses, paramedics, and care staff are usually the healthcare professionals that verify deaths in the community. Employers are responsible for ensuring their staff are appropriately trained and competent in verification of death. AoMRC make it clear that training for VoD is an organisational duty and must be supported by clinical governance processes.
* Practices and GPs should not feel obligated to verify death remotely or in person unless in very specific circumstances (see FAQs).

**Frequently Asked Questions (FAQs)**

**1. Can GPs be required to verify a death (remotely or in person)?**

No. Verification of death is not a statutory responsibility of GPs. If others are present (e.g. community nurses, care home staff), they should undertake it if competent.

**2. Can death be verified remotely?**

Generally, no. The AoMRC states that remote verification is not appropriate except under extreme circumstances. The pandemic was an exception. Remote VoD should now only occur under rare, clinically justified situations.

**3. What should I say if asked to verify a death remotely?**

You can say:

“Current national guidance advises against remote verification of death. This responsibility lies with trained staff present at the scene. I am not able to verify the death remotely.”

**4. Can a care home or community nurse refuse to verify death due to lack of training?**

While they can raise concerns, the employing organisation (e.g. community trust, care home provider) is responsible for ensuring staff are trained and supported. This is not a GP training responsibility and there should ideally be internal processes within employing organisations to ensure staff have access to appropriate support before a GP practice is asked to assist with verification.

The LMC will be engaging with local community service providers about this guidance being issued to practices.

**5. What’s the GP’s role after death is verified?**

If the GP is satisfied the death is natural and expected, they can complete notification to the Medical Examiner and issue the Medical Certificate of Cause of Death (MCCD) as usual.

**6. What if no one is willing or available to verify the death?**

This should be escalated to the relevant care provider or community services manager. GPs should not be pressured into filling gaps due to organisational training or staffing issues.

**7. What about deaths in the hospice or out-of-hours settings?**

Hospice staff often have internal protocols allowing nurses to verify deaths, including use of the Remote Nursing Verification of Expected Adult Death (RNVoEAD) guidance. These should be organisation-led and have proper governance in place.